Together for Quality

Alabama Medicaid Agency

STATUS REPORT

November 9, 2007

I. Implementation Update

ACS was selected as the project's vendor. The contract with ACS has been signed and we are in the design and development stage. ACS has been onsite and has met with the clinical workgroup on two occasions to review the CyberAccess application and make recommendations for tailoring the product to Alabama specifications. ACS has also been having dialogue with the Dept. of Senior Services and Agency staff to fully understand the expectations for interoperability between the two agencies. In addition to these groups, dialogue has been held with the other data systems to discuss interfaces, data transfer schedules, date elements, etc. Work will continue in this stage until such time ACS has a complete understanding of the Alabama project. In addition, plans are already being made for the training and implementation phase.

ACS will be attending the December stakeholder meeting and at that time the ECST will again be demonstrated incorporating changes and comments to date. Stakeholders are encouraged to provide feedback as we move towards implementation.

II. General

The Agency is in the process of re-organizing our Together for Quality website section. We will catalog the grant documents, resources, etc and have an implementation section so that documents related to project implementation can be easily found. We will also have a link for comments to be made directly to the Project Director.

The Agency is heavily involved in the Transformation Collaboration. This collaboration allows for states that have received, and even for those who have who not, to work together to address the myriad of issues faced when implementing a health information exchange. This group will allow the Agency access to "experts" in the field, vendors to explore technology availability and the experience of others. The Agency will work with and

through this group to identify best practices and pitfalls as we work to reach TFQ goals.

III. Finance Workgroup

The Finance Workgroup had a joint meeting with the Policy Workgroup October 15, 2007 to begin discussion concerning governance models and long term sustainability. Information was distributed to the group about projects being developed in Vermont and Arizona. Results of a RHIO Survey taken by Healthcare IT Transition Group were also distributed. After discussion, a proposal was made to establish a smaller group to form an outline and recommend an action plan for ***Together for Quality*** which will be presented at the November 14, 2007 Stakeholder Council meeting.

The Finance Workgroup continues to welcome any comments, suggestions, or recommendations other Stakeholder Council members may have related to the task of HIE governance models and long term sustainability.

Submitted by Kim Bath, Agency Co-Chair

IV. Privacy Workgroup

The Privacy Workgroup has nothing to report at this time.

V. Policy

The Policy Workgroup held a joint meeting with the Finance Workgroup on October 15, 2007 to discuss long term governance and financial sustainability for health information exchange in the state. Members continue to research models already implemented in other states to evaluate effectiveness and applicability to Alabama. It was the consensus of the workgroup members that a smaller group of individuals should convene to develop a strategy for reaching the business community. The state must determine what is wanted out of the health care system and what it will take to get there. The Policy workgroup is scheduled to meet again on November 14, 2007 prior to the Stakeholder Council meeting.

Report submitted by Agency Co-chair: Kathy Hall; Community Co-chair: Rosemary Blackmon

VI. Clinical Workgroup

The Clinical Workgroup held meetings on October 10, October 24 and October 29. The complete progress report is Attachment A.

Agency Co-chair Dr. Mary G. McIntyre
Community Co-chairs Drs. Christine Ritchie and John Searcy

VII. Technical Workgroup

As of today, the Technical Workgroup has met all required objectives in accordance with our assigned list of tasks. The Technical Workgroup continues to hold weekly conference calls each **Wednesday at 2:00 p.m.** to discuss and resolve issues. However, TFQ Technical Workgroup members are not calling in for the conference call. Perhaps, the Technical Workgroup members may feel that they have accomplished their primary objectives.

The BizTalk middleware Enterprise Service Bus (EBS) solution hardware and software are in the process of being purchased and installed by ISD. The Agency is in the process of acquiring additional quotes and information on needed hardware/software from ACS in order to purchase all hardware and software required by the vendor to implement this TFQ project.

According to our group, at this time, we do not see a need to refocus or re-prioritize any task.

Report Submitted By: Agency Co-chair Lee Maddox

Attachment A

Clinical Workgroup Progress Report
November 9, 2007

In addition to an update on the tasks completed during the month of October, a summary of the issues addressed and major accomplishments to date of the Clinical Workgroup will be provided at the end just prior to 'Next Steps'.

The first item on the agenda for the October 10th meeting involved follow-up on the Monthly Asthma Survey first presented during the September 26th conference call and a review of the responses from ADPH on questions asked by Dr. Yu concerning the survey. Dr. Yu was asked whether the responses provided addressed all of his concerns. He asked for some clarification as to who the survey was given to. Stacey Neumann from ADPH clarified several issues. She explained that the care manager conducted this survey on a monthly basis. Questions were then asked about an environmental assessment and whether this was done. Stacey indicated that these were conducted by the care coordinators when they went to the homes and she also explained how they used other items including risk assessment tools such as the CARAT. She explained that all care givers were identified and included in this process such as the grandparents or other persons who may be involved in caring for the child. Stacey also explained how the information was sent to the provider via fax or sometimes delivered in person. She also clarified what was in ACORN versus in their Care Coordination Referral System (CCRS). The CCRS does not have the survey information which is in ACORN but contains a list of patients referred by the provider and the identification of their care coordinator(s). This is web-based on could be made available to a provider if they wanted to use it.

The other agenda items were reviewed one at a time. The need for a draft Diabetes Monthly Survey to be completed was discussed. There is currently no diabetes survey since the ADPH care coordinators currently just do Asthma. Stacey volunteered to do the initial draft for review by members. Members were asked to identify key components that would need

to be included. Specifically, what information would help them as providers? They were also asked to think about any differences for adults versus children. Three areas were identified by the members; Exercise, Nutrition and Foot care. Members were asked to submit any additional questions **by October 17th** and it was explained that hopefully a draft of the Diabetes Monthly Surveys for adults and children would be provided for review during the next call. The issue of risk assessment was discussed next. ADPH indicated that they conduct a psychosocial assessment using a worksheet and that this information is reported as part of the summary provided to the physician. The Agency is currently looking for a way to do this. Stacey indicated that they used the UBH (United Behavioral Health Tool) which did this for children screened in AllKids. Dr. McIntyre asked Stacey if she could provide a copy of the psychosocial and other risk assessment tools used so these could be sent to the group for review and comment. Dr. Powers was asked to make comments on the tools and to suggest any additional tools for doing the psychosocial assessment for children and particularly to do something for adults. Dr. McIntyre explained that the Agency was pursuing further patient stratification to look at patients who were high risk and that this would go beyond the initial identification process developed by the members. Some of the national data identified behavioral health issues such as depression, schizophrenia and the number of medications (≥15) as being significant cost, morbidity and mortality drivers.

The final agenda item for the October 10th call was introduced and members were asked to send in any educational materials they used and liked. This group will need to determine what resources are available that could be used for provider and consumer education concerning diabetes and asthma. Members were asked to submit this information **by November 1st**.

During the October 24th conference call a status update was given on the TFQ Provider visits and planned implementation dates for the chronic care management component of TFQ. Dr. McIntyre indicated that providers in Bullock and Pike counties were being visited and that these provider visits should be completed on October 31st. She explained that the provider lists per county were based on the provider's Patient 1st case load and that only providers who had a caseload of at least 50 had been included. All providers on the list in the "Care Management Only" counties (Bullock and Pike) were receiving visits; those who did not respond, those who said 'no' and those who

said 'yes'. The response has been very positive with all providers visited so far saying 'Yes' to participating. The planned implementation of the chronic care management in Bullock and Pike counties is Jan/Feb 2008. These counties have fewer providers and bringing them up will allow for assessment of the process and the identification of problems which can be addressed prior to moving into the other six counties with care management. This will also allow time for the monthly surveys to be completed, changes to be made by ADPH to get these into their system and the protocols to be finalized. The implementation of the remaining six counties (Montgomery, Talladega, Calhoun, Pickens, Lamar, and Tuscaloosa) is planned for April 2008. The next agenda item involved a review of changes made to the Child Asthma Monthly Survey based on comments from the October 10th meeting and for the review of the new surveys drafted by Stacey. The group went over each of the four surveys. Alternative choices had been indicated for some questions. The decision was made to use the drop down box for the question about missed doses and to allow the selection of specific choices. The group was told to identify what these should be and suggestions from the group included; didn't have the money, forgot to take the medication, lost my medication, didn't want to take it, unable to get to the office/clinic, don't think my child needs this medicine, and other. Stacey Neumann with ADPH indicated that she would make the changes clarifying some of the additions and would get these back to Dr. McIntyre for review by the rest of the group.

Next the draft protocols were reviewed. The Asthma Care Coordination Protocol had been presented once previously and changes incorporated based on the groups comments. Discussion occurred concerning the issue of referrals to ADPH. The issue of the number of care coordinators that would be available was discussed and concerns were voiced as to whether they would be able to handle numbers sufficient enough to allow the 12 month goals to be met. The group was reminded of the numbers of patients identified based on the logic they developed. Dr. McIntyre explained that the Agency was pursuing further patient stratification to look at patients who were high risk and that this would go beyond the initial identification process developed by the members but would come from the pool of patients identified to further reduce the numbers for referral and hopefully identify those patients most in need of care coordination. Some of the national data identified behavioral health issues such as depression, schizophrenia and the

number of medications (≥15) as being significant cost, morbidity and mortality drivers. Dr. McIntyre asked whether referrals should be limited only to those identified through TFQ or if the pilot providers should be allowed to refer others. Discussion occurred as to the TFQ goals established and the numbers of patients in the pilot counties with 21,000+ asthmatics and 7,000+ diabetics. After discussing the limits of staffing the group decided to limit referrals during the pilot to only those identified through the TFQ logic and stratification. The protocols will need to be updated to reflect this. Next the outcome objectives on the protocols were reviewed. The need to make these measurable was indicated. The group was asked whether these should just reflect the TFQ QI measures chosen for diabetes and asthma or should include additional objectives. The decision was that at a minimum the TFQ measures needed to be there and that the other measures currently on the protocols should be discussed with Janet Bronstein (group had been advised that a meeting was scheduled on November 2nd with Janet Bronstein to discuss an external evaluation of TFQ). Prior to ending the call members were reminded again of the need for their help in identifying educational resources; websites, videos, booklets, etc. and of the November 1st deadline.

The monthly surveys were sent back out to the Clinical Workgroup with the changes requested made. A final vote was requested with members allowed to indicate "Approval" or "Modification Requested" no later than Monday, October 29th. The changes received by the deadline and changes requested and agreed upon by ADPH are summarized below:

- Change question on diabetic forms asking about foot examine to "When was the last time a physician examined your feet?" and include a DATE BOX

- Add Insurance status question to all surveys

- Add age ranges to the top of the surveys "0 through 20 years old" and "21 years old and older"

- Add "None" as an option to question on diabetic forms, "What medicines are you on?"

- Leave "Other" as is based on response from Stacey.

- Change the Diabetic forms to have a differentiation between 0-15 minutes and 15-30 minutes since 15 minutes is in both. Change requested "0-less than 15 minutes" so that 15 minutes will be in the second option.

ADPH was told to consider the surveys "Final" based on their agreement to make the changes above and that they could submit the surveys to meet the deadline established by their systems people and send these to Dr. McIntyre for forwarding to the group. Prior to ending the call the group was reminded again of Monday's meeting with ACS for the demonstration of the screens and layout for the ECST. ACS was able to arrange for a web demonstration and this information would be sent out to the group by Friday.

On October 29th a web demonstration of the electronic clinical support tool (ECST) was presented to members of the Clinical Workgroup and others with ACS at Medicaid for the presentation. Members were asked for comments and additional suggestions were made for the TFQ alerts to be differentiated from other alerts. The need to make the TFQ specific alerts actionable was stressed versus other alerts and the need to limit the total number of alerts was discussed. The comments were positive with the general consensus that the version presented was "much improved from the earlier demonstration."

<u>Summary of Major Accomplishments to Date</u>
The Clinical Workgroup developed a mission statement and defined the scope and boundaries it would operate under.

Diabetes and Asthma were chosen as the initial diseases of focus with four other diseases identified; cardiovascular disease, stroke, COPD and obesity.

A Chronic Disease Template was developed for capturing the key data elements needed and then completed by members of the group for all six diseases.

The group reviewed national QI performance measures including but not limited to CMS' *The Guide to Quality Measures: A Compendium Version 1.0,*

NQF-Endorsed™ National Voluntary Consensus Standards for Physician-Focused Ambulatory Care, DOQ-IT Analytic Narratives and Data Elements Version 2.0 and the *AMA Physician Consortium for Performance Improvement™* measures. A list of QI measures were identified for Asthma and Diabetes. Domain/content experts were included in discussions to determine the final measures.

The group determined the logic for pulling the data by defining the population for the denominators also reviewed by the domain/content experts. The numerators were then defined for each measure. Specific drug were identified and tables were developed, reviewed and finalized by the group.

Clinical Workgroup members developed the Use Case for the Request for Information (RFI) and assisted in the development of the RFI.

Members determined the clinical data elements of the electronic clinical support tool (ECST) and defined the specific functionality desired in the ECST, exchange standards and vocabulary.

Members from the Clinical Workgroup were involved in the actual review of the submitted proposals.

The data baselines for the QI measures chosen have been reviewed and goals established for 12 months and 5 years.

The TFQ Pilot counties have been chosen and the mechanism for identifying the providers determined.

A survey was drafted and reviewed by the group with changes made based on comments received and was sent out to the providers identified.

Tools for use by the Care Coordinators are being reviewed, modified and developed by the group. A *TFQ Care Management Flowchart* has been finalized. Changes have been made to the Care Coordination Protocols based on recommendations from the group and provider visits initiated based on suggestions from the group. Initial visits to the 1st two counties have been

completed (Bullock and Pike). Monthly Surveys for use by the care coordinators have been finalized.

Next Steps

- Finalize the Asthma and Diabetes Care Coordination Protocols, Adult and Child.
- Finalize the tools to be used by the care coordinators-general risk assessment, psychosocial risk assessment and disease assessment.
- Decide on educational materials be used, when and where.
- Review materials and process for training of care coordinators.
- Coordinate training schedule with ADPH so that Medicaid Quality Improvement/Care Management staff and others are included.
- Schedule visits to the remaining pilot county providers. Once initial visits are completed follow-up visits will be scheduled to obtain pilot provider commitments (signatures) and to provide additional details.
- Participate in design and user acceptance testing of ECST.
- Assist in the development of marketing plan for providers and consumers to increase adoption by both.
- Finalize process for patient identification and notification of patients, providers and care coordinators.
- Develop and finalize the monitoring and evaluation process for the care coordination component and TFQ as a whole (internal and external review).